

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 128 Office of Registrar of Vital Statistics.

Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Summa July 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Summa

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, 8 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, { Give Street and Number. } St. Vincent's Infant Asylum

Cause of Death, { First (Primary), Second (Immediate), } Chol. Infant
EX

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, New Heath

Date of Burial, July 14 1887

{ Undertaker, Brannan John } F. J. Flannery M. D.

{ Place of Business, Division St. } Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1262 Office of Registrar of Vital Statistics.

Ward 12

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CERTIFICATE OF DEATH.

Date of Death, July 13 1887

Full Name of Deceased, Vincent Cooper
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, — Days.

Color, Red

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Boatman

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 623 Greenwillow St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 14th 1887

{ Undertaker, Morgan and Pyle

{ Place of Business, 102 Mulberry St

Address, 61 Branch St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 7280

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1263 Office of Registrar of ~~Vital~~ Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1884

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mallie Coombs.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 16 Years, 16 Months, 16 Days

Colored Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } St Mary's Co Md.

Duration of Residence in the City of Baltimore, one month

Place of Death, { Give Street and Number. } 124 Little Pleasant St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Morbus
Collapse

Duration of Last Sickness, 3 or 4 days Did not see her until she was

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery in a state of collapse

Date of Burial, July 14th 1884

Undertaker, Morgan and Pyle July 14th 1884 M. D.

Place of Business, 102 Mylchreys Address, 212 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1264 Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Grafton Hood

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

3 Months,

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death,

{ Give Street and Number. }

553 Moores Alley

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum

Exhaustion

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

July 14th 1887

W. Ricker

M. D.

{ Undertaker,

Alex. Hensley

Medical Attendant.

{ Place of Business,

561 Arch St

Address, **Penna Ave & Robert St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1245 Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, William Janovich
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 6 Months, White Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 808 S. Ann St

Cause of Death, { First (Primary), Second (Immediate), } Scarlet Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, July 14th 1887

Undertaker, John H. Rehberger M. D.

Place of Business, 1732 Alice Avenue Address, 1709 Alice Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1266 Office of Registrar of Vital Statistics.

Ward 24

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frances Jeminski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

8 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

1534 Thames St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, July 14, 87

{ Undertaker, Peter Broschowski

John H. Rehberger

M. D.

Medical Attendant.

{ Place of Business, # 32 Olive St Address, # 1709 Alice Armagh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1267

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Szorowski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life time

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 711 S. Wolf St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 14 87

Undertaker, John H. Rehberg M. D.

Place of Business, 1732 Alameda Address, 1709 Alameda

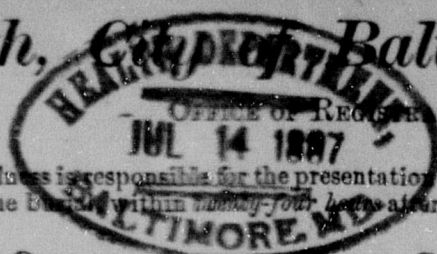
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, Baltimore,

Permit No. A 1268



OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 14 1887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James E. W. Schuetz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, _____ Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } US

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1015 Baltimore St

Cause of Death, { First, (Primary,) Tuberculosis
Second, (Immediate,) meningitis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 16 1887

Undertaker, A Rosenberg

Place of Business, 321 Park Ave Address.

E. W. Egan M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1269

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7.13.87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Isabella Henderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, — Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 2013 Ramsay St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 15

{ Undertaker, J.B. Cook

{ Place of Business, 1003 W. Batten Address, 772 Reel

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. **A 1270** Office of Registrar of Vital Statistics.

Ward **18th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Katie Taylor

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

—

Years,

Seven

Months,

—

Days.

Color,

White

~~Married~~, Single,

~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

—

Birthplace,

State or country, and how long in the United States, if of foreign birth.

Balto. City

Duration of Residence in the City of Baltimore,

—

Place of Death,

Give street and number.

1121 Cleveland St

Cause of death,

First, (Primary).

Cholera Infantum

Second, (Immediate).

Spasms

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Landen Park Cemetery

Date of Burial,

July 15th 1887

Undertaker,

Jos B Cook

Place of Business,

1003 W Baltimore St

Address,

1511 W. Lexington

J. M. Jordan

M. D.,

Medical Attendant.

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[OVER.]